#### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

1271834

03039463

5-0076د

Expires:

May 31, 2005

Estimated average burden hours per response...... 16.00

# SEC USE ONLY Prefix Serial DATE RECEIVED

# NOTICE OF SALE O

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

N. COCC. (T. I. I. C.)	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.) CCO Holdings, LLC and CCO Holdings Capital Corp. 8 3/4% Senior Note Offering	PROCESSED  Section 4(6) ULDE  DEC 0 2 2003
	Section 4(6) ULOE
\$ ( <u>-</u>	
Type of Filing: New Filing Amendment	DEC 0.2 ZUU3
A. BASIC IDENTIFICATION DATA	<u> </u>
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) (1) CCO Holdings, LLC and (2) CCO Holdings Capital Corp., Co-Issuers	FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12405 Powerscourt Drive, St. Louis, MO 63131	(314) 965-0555
Address of Principal Business Operations (Number and Street, City. State, Zip Code)	Telephone Number (including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	
CCO Holdings, LLC is a holding company the subsidiaries of which own and operate cable television systems.	CCO Holdings Capital Corp. has no independent
operations or subsidiaries and was formed solely to be a co-issuer of the Senior Notes with CCO Holdings, LLC.	
Type of Business Organization	1
	cify): limited liability company (1985): -
business trust limited partnership, to be formed	,,,,,,,, .
Month Year	DEC 0 1 2003
Actual or Estimated Date of Incorporation or Organization: (1) 0 6 0 3 🛛 Actual	I Estimated
(2) 0 9 0 3	A N
(-)	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	<u> </u>
CN for Canada; FN for other foreign jurisdiction)	D E

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales or securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 OF 9 W

SEC 1972 (6-02)

#### A. BASIC IDENTIFICATION DATA

#### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and man	aging partner of parts	nership issuers.	general and managing para	ion of paranoromp io	.uo.o, u	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	⊠	General and/or Managing Partner Manager and Ultimate Parent
Full Name (Last name first, if Charter Communications, Inc.						
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	⊠	General and/or Managing Partner Director & Controlling Owner of CCI
Full Name (Last name first, if i Allen, Paul G.	individual)					
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if i Vogel, Carl E.	individual)				2012	
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if i Shaw, Curtis S.	individual)					
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if i Martin, Paul E.	ndividual)					
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director		General and/or Managing Partner
Full Name (Last name first, if i Schumm, Steven A.	individual)					
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director		General and/or Managing Partner
Full Name (Last name first, if i Davis, Wayne	ndividual)					
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDEN	TIFICATION DATA		uparensi. Disabagasan in 1996 (1996) in care a sanata a s
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Bellville, Margaret A.	ndividual)				,
		City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Rame (Last name first, if individual)				
		City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	
		pany (100% beneficial ow	ner of CCO Holdings Capita	ıl Corp.)	
		City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	<del>-</del> :
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if in	ıdividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	<del>_</del>
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
	(Use blant	k sheet, or copy and use ad	ditional copies of this sheet,	as necessary.)	

			9.0	В	i. INFORM	ATION A	BOUT OFF	ERING	90.0				
1.			es the issuer inter		non-accredited	l investors ir	this offering	?			*****	Yes	No ⊠
			Answe	er also in App	pendix, Colum	n 2, if filing	under ULOE.					633	
2.	What is the	minimum inv	vestment that will	be accepted	from any indi	vidual?					*****	\$ None Yes	No.
3.			joint ownership o								•••••	Ø	
4.	similar remo associated p dealer. If m	ineration for erson or age	equested for each solicitation of purit of a broker or e (5) persons to bonly.	rchasers in dealer regis	connection wit tered with the	h sales of se SEC and/or	curities in the with a state of	offering. If or states, list	a person to be the name of	e listed is an the broker or			
	Name (Last r T APPLICA)		individual)										
Bus	iness or Resid	ence Addres	s (Number and St	reet, City, St	tate, Zip Code)								
Nan	ne of Associat	ed Broker or	Dealer										
State	es in Which P	erson Listed	Has Solicited or l	Intends to Sc	olicit Purchaser	rs							
	1 [	ı ———	individual States										
AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	WV	WI	WY	PR	
Full	Name (Last n	ame first, if	individual)							3			
Busi	iness or Resid	ence Address	s (Number and St	reet, City, St	ate, Zip Code)								
Nan	ne of Associat	ed Broker or	Dealer			-				- · · · ·			
			Has Solicited or I individual States								🗆 Ali	States	
AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID	
IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	wv	WI	WY	PR	
Full	Name (Last n	ame first, if	individual)								<u> </u>		
Busi	iness or Resid	ence Address	s (Number and St	reet, City, St	ate, Zip Code)	-		76 N. Fo.		t <u>.                                    </u>			
Nan	ne of Associat	ed Broker or	Dealer										
			Has Solicited or I									States	
AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	НІ	ID	
IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	sc	SD	TN	TX	UT	VY	VA	WA	wv	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt (8 3/4% Senior Notes due 2013)	\$	500,000,000	\$	*000,000,000
	Equity	s —	-0-	- · ·	-0-
		<u> </u>		_ ,	
	Common Preferred	•	0	•	0
	Convertible Securities (including warrants)	2 —	- 0-		- 0 -
	Partnership Interest	_		_	- 0 -
	Other (Specify:)	\$_	- 0 -	_ \$ .	- 0 -
	Total	\$	500,000,000	_ \$ .	500,000,000*
2.	Answer also in Appendix, Column 3, if filing under ULOE  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		4	_ \$ .	500,000,000*
	Non-accredited Investors		- 0 -	_ \$	- 0 -
	Total (for filings under Rule 504 only)		N/A	_ \$ .	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  Type of offering		Type of Security		Dollar Amount Sold
	Rule 505	\$	N/A	_ \$ .	N/A
	Regulation A	<u>s</u> —	N/A	_ \$ .	N/A
	Rule 504	\$	N/A	_ \$ -	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	\$ <u></u>	N/A	_ \$ .	N/A
	Transfer Agent's Fees				\$
	Printing and Engraving Costs			$\boxtimes$	\$1,000,000
	Legal Fees			$\boxtimes$	\$ _1,200,000
	Accounting Fees			$\boxtimes$	\$350,000
	Engineering Fees				\$
	Sales Commissions (specify finders' fees separately)				\$
	Other Expenses (identify) (Underwriters' discount)			$\boxtimes$	\$ 7,229,000
	Total			X	\$ 9.779.000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<sup>\*</sup> Proceeds to Issuer of \$492,771,000 after underwriters' discount of \$7,229,000.

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AN	D USE	OF PROCEED	S. T. we	5 T. S.	allinia States States is
	b. Enter the difference between the aggregate offering price given and total expenses furnished in response to Part C – Question 4.a. This proceeds to the issuer."	s difference is the "adjusted gross			\$		490,221,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer each of the purposes shown. If the amount for any purpose is not know the box to the left of the estimate. The total of the payments listed must of the issuer set forth in response to Part C – Question 4.b above	vn, furnish an estimate and check st equal the adjusted gross proceeds					
				Payments to Officers, Directors, & Affiliates			ments To Others
	Salaries and fees			\$		\$	
	Purchase of real estate			\$		\$_	
	Purchase, rental or leasing and installation of machinery and equ	uipment		\$		s _	
	Construction or leasing of plant buildings and facilities			s		\$	
	Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities issuer pursuant to a merger)	s of another		\$		\$	
	Repayment of indebtedness		$\Box$	\$		s –	
	Working capital (including payment on principal amounts ou bank credit facilities)			\$		\$ <u></u>	490,221,000
	Other (specify):			\$		\$	
				\$		\$_	
	Column Totals			\$		\$_	490,221,000
	Total Payments Listed (column totals added)			S	490,221	,000	
,Ŧ	D. FEI	DERAL SIGNATURE			184		
an	e issuer has duly caused this notice to be signed by the undersigned duly undertaking by the issuer to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph (b)(2) of Rule 502.						
Iss	uer (Print or Type)	Signature	-	Date			<del></del>
	CO Holdings, LLC and CO Holdings Capital Corp., Co-Issuers	Mary	W	Nov	embe	er 24	4, 2003
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					
M	arcy Lifton	Vice President					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.— Not Applicable

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
CCO Holdings, LLC and CCO Holdings Capital Corp., Co-Issuers	Marcylet	November 24, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Marcy Lifton	Vice President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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## APPENDIX

,	2	3			4			5
non-ac investor	ccredited rs in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	if security and gate offering Type of investor and (if yes, attach exp ffered in state t C-ltem 1)  Type of investor and (if yes, attach exp of waiver grant t C-ltem 1)  (Part C-Item 2)  (Part E-Item 2)			amount purchased in State		ate ULOE h explanation r granted)
Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
·								
			-					
						-		
				<u></u>		10		
						4,00		
<u> </u>								
	,							
	Intend non-ac investor (Part E		Intend to sell to non-accredited investors in State (Part B-Item 1)  Yes No  Type of security and aggregate offering price offered in state (Part C-Item 1)  Yes No	Intend to sell to non-accredited investors in State (Part B-Item 1)  Yes No Type of security and aggregate offering price offered in state (Part C-Item 1)  Number of Accredited Investors	Intend to sell to non-accredited investors in State (Part B-Item 1)  Yes No No No Number of Accredited Investors Amount  Number of Accredited Investors  Number of Accredited Investors  Number of Accredited Investors  Number of Accredited Investors	Intend to sell to non-accredited investors in State (Part B-Item 1)  Yes No Solution    Type of security and aggregate offering price offered in state (Part C-Item 1)  Number of Accredited Investors    Number of Accredited Investors    Number of Non-Accredited	Intend to sell to non-accredited investors in State (Part C-Item 1)  Yes No No Number of Accredited Investors Amount Investors Investors Amount Investors Investor Investors Investor Investors Inves	Intend to sell to non-accredited investors in State (Part B-Item 1)  Yes No

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## APPENDIX.

1	Intend non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pure	nvestor and chased in State C-Item 2)		Disqual under State (if yes, attace of waive	ification ate ULOE h explanation r granted) -ltem 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE						·			
NV									
NH	_								
NJ	-								
NM		!							
NY									
NC		i							
ND									***************************************
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

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### APPENDIX

1		2	3			4		D:1	5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR			No							

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